

SEROQUEL MISUSE/ABUSE

DEAR EDITOR:

The article regarding Seroquel misuse/abuse by Sansone and Sansone in the Interface section of the January issue was interesting and informative [Is Seroquel developing an illicit reputation for misuse/abuse? *Psychiatry* (Edgemont) 2010;7(1):13–1.] Such an article creates awareness among physicians of the potential for abuse of psychotropic medications not classified as controlled substances.

In addition to Seroquel, several other psychotropic medications have been known to be abused also. The two major ones that come to mind and have been studied are bupropion and gabapentin; the latter has several off-label uses in treating both mental health disorders and substance abuse issues both in the United States and abroad.

Bupropion comes in three formulations and is similar in structure to phenylethylamines, which includes compounds like methamphetamine, amphetamine, methylenedioxy-methamphetamine, and diethylpropion.¹ Bupropion is probably most closest to diethylpropion, an anorectic medication, which also has some abuse potential.

The pharmacological effects of bupropion have been shown in studies to not be similar to most of the above phenylethylamines, but studies by way of case reports have focused on the nasal insufflation of crushed bupropion. These reports have demonstrated the abuse potential of this drug when misused in this manner. Patients have reported getting a “high” or “buzz” from them. The bioavailability of the drug when in the crushed form and used by way of nasal insufflation is

believed to increase considerably, due to the fact that the nasopharynx has a large, highly vascularized surface area. Most of these reports have mentioned clients presenting with seizures following this pattern of use.^{1–3}

Gabapentin on the other hand is a drug structurally related to the neurotransmitter, GABA, but does not modify GABAA or GABAB radioligand binding. It also does not alter dopamine, noradrenaline, or serotonin.⁴ It has been demonstrated in case reports and studies looking at use pattern in correctional facilities to have a significant abuse potential, just as mentioned in the Sansone and Sansone article. It has been reported to be the drug of preference for people with a history of cocaine abuse who are incarcerated.⁵ In this study, inmates reported that snorting gabapentin in this population produced a similar “high” as snorting cocaine. Reports in correctional facilities, especially in Florida and California, are present in the literature⁵ and this resulted in gabapentin being removed from the drug formulary in the state of California.⁵

The interesting aspect is that bupropion and gabapentin have undergone extended studies for their use in treating substance abuse disorders.

REFERENCES

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With regards

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